



# STATE OF MISSISSIPPI

## MEDICAL EXAMINER STATEMENT OF FEES

### FOR COUNTY OF \_\_\_\_\_

Under the provisions of Senate Bill 2638, Chapter 459, Laws of 1986 I hereby certify that on \_\_\_\_\_ (DATE)

I viewed the body, and made investigation into the circumstances, cause and manner of death of

\_\_\_\_\_ who died on \_\_\_\_\_  
(NAME OF DECEDENT) (AGE) (RACE) (SEX) (DATE)

at \_\_\_\_\_  
(STREET AND NUMBER OF ROUTE) (CITY OR TOWN) (COUNTY)

Pursuant to Mississippi Code Annotated 1972 §41-61-75, The Office of the State Medical Examiner hereby certifies that the investigating county medical examiner has submitted the requires death investigation documentation and is hereby eligible for the additional fee as marked below.

#### EXPENSES:

(Start) \_\_\_\_\_ (Stop) \_\_\_\_\_ Total Miles \_\_\_\_\_ @ \_\_\_\_/mile= (TOTAL MILEAGE EXPENSE) \$ \_\_\_\_\_

TOTAL MEDICAL EXAMINER FEE \$ 125.00

#### OTHER FEES:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

\_\_\_\_\_  
(DATE) AUTOPSY AUTHORIZED: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
(PATHOLOGIST NAME) (CITY OR TOWN)

\_\_\_\_\_  
(SIGNATURE OF MEDICAL EXAMINER) (ADDRESS OF MEDICAL EXAMINER) (COUNTY)

ME-18-(7-07)

Send one Copy Each to the Circuit Clerk and Chancery Clerk for the County for which the Service was Provided.  
One Copy Shall be Retained by Medical Examiner.